SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date: 1-8-16

Refund: 1-8-16

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Depth

☐ Non-Shoreland	ጃ Shoreland →	Section <u>より</u>	1/4,	PROJECT LOCATION	TOP SELECTION FOR	Contractor: SEA	Address of Property:	Owner's Name: JOY	TYPE OF PERMIT REC
	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)  Creek or Landward side of Floodplain?  If yes—continue —▶  X Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes—continue —▶	, Township ISC N, Range Ob	1/4 Gov't Lot Lot(s) 3	Legal Description: (Use Tax Statement)	LAMES ACTESSIV		Address of Property:	Owner's Name: JOHN Y JODI PIETAL WITH A CARLIE HERENDAN / ITMESTLUMPREEDEN	TYPE OF PERMIT REQUESTED—▶   💢 LAND USE 🛛 SAN
	er, Stream (incl. Intermittent)  If yes—continue — Distance Structure is from Shoreline:  ke, Pond or Flowage  If yes—continue — Distance Structure is from Shoreline:  fee:	W SELL	CSM Vol & Page Lot(s) No. Block(s) No. SPR / SHS	<u>PIN</u> : (23 digits)  04- 010- ユーントーントースと・2 ひクーユミユーできのでむ Volume	- 12	Sis) 757 - 2262 NA  Agent Phone:  Agent Mailing Address include City/State/Zip): 1.2151	City/State/Zip:	Mailing Address: City/State/Zip: PETERSON RD. MAPLE PARK TL. 601	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
	eline: Is Property in Are Wetland:feet Floodplain Zone? Present? eline:	Lot Size Acreage  1.51 Acs 1.51 Ac.	SISKIWI STORES	Récorded Document: (1.5: Floperty Ownership Volume 55 8 Page(s) 945		Plumber Phone:    A   A   A	(8:5) 757-2242	14	IAL USE 🗆 B.O.A. 🗆 OTHER

Proposed Construction:	Existing Structure				9000	3 3	<b>)</b>		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	 [ [ ] ]	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	🛭 Addition/Alteration	□ New Construction	Project
		M FOLINA FTICAS	☐ Foundation	₩ No Basement	□ Basement	□ 2-Story	☐ 1-Story + Loft	図 1-Story	# of Stories and/or basement
Length: 26	Length: 16						☐ Year Round	X Seasonal	Use
				X None		□ 3	□ 2	П <b>н</b>	# of bedrooms
Width: 10'	Width: j'L'	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	□ Privy (Pit) or X Vaultee	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Ty	☐ Municipal/City	What Type of Sewer/Sanitary Sylls on the propert
Height: JQ	Height: よら	1111		ct)	Ited (min 200 gallon)	ype:	/Type:		e of y System perty?
	,				ANONE	ξ.(d) •	□Well	. Ggy	Water

Proposed Use	☐ Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	with Loft	💥 Residential Use 📗 with a Porch		with a Deck	with (2 <sup>rd</sup> ) Deck	☐ Commercial Use with Attached Garage	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)		☐ Mobile Home (manufactured date)	<b>X</b> 0					uerce D XX
Proposed Structure	re on property)	ack, etc.)						ge e	cleaning quarters of 🗔 cooking & food prep facilities)   1		G G	Living Rm.	Row I	Rm. Pecify)	Secify)	Secify)	ecify)
Dimensions	×	×	: ×	×	( ×	×	x >	Control Major (Science Americans)	< >	^	,	× IO	×××	××××	<   × × ×	× × × ×	× × × × × ×
Square Footage								( ) Control of the state of the			7	260	٥٤٤	360	260	٥٤٥	260

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any responsible threftest) purpose of inspection. Owner(s): Comments Owner AUTUS TREGOLARIA Ada No. 1 (Amount ago or letter(s) of authorization must accompany this application

- Show Location of: Show / Indicate:
- Show Location of (\*): Show:

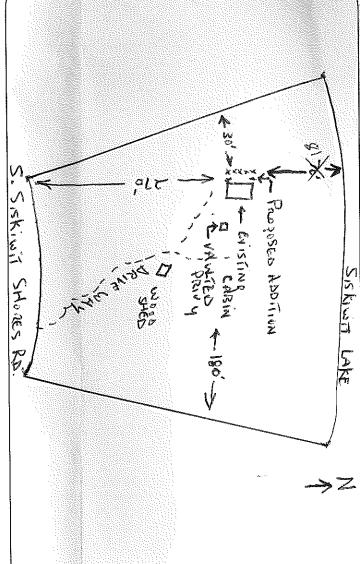
patial

- Show
- (2) (3) (5) (5)
- Show any (\*): Show any (\*):
- **Proposed Construction** North (N) on Plot Plan
- All Existing Structures on your Property

  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

  (\*) Wetlands; or (\*) Slopes over 20% (\*) Driveway and (\*) Frontage Road (Name Frontage Road)



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

## (8) Setbacks: (measured to the closest point)

Feet ☐ Yes ———————————————————————————————————	Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well	Feet Feet Feet Feet Feet	30.275	Tank VANGE	Setback from the North Lot Line  Setback from the South Lot Line  Setback from the West Lot Line  Setback from the East Lot Line  Setback from the East Lot Line  Setback to Septic Tank or Holding Tank  Setback to Drain Field  Setback to Privy (Portable Compositing)
Feet	Setback from the Bank or Bluff	Feet	3,070	-of-Way	Setback from the Established Right-of-Way
Ko Feet	Setback from the Lake (ordinary high-water mark)	Feet	3 50	ted Road	Setback from the Centerline of Platted Road
Weasurement	Description	ent	Measurement		Description

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be wisible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms: Sanitary Date:	
Permit Denied (Date):	Reason for Denial:		
Permit #: 1/1/2 - 000 8	Permit Date: , 1-8-16		
Is Parcel a Sub-Standard Lot		d Yes Mo Affidavit Required Affidavit Attached	□ Yes \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Granizad by Vaccinity (E.G.A.)  Yes, John E.	Previously Grante	Prevously Granted by Variance (B.O.A.)  Yes Variance #:	
SEAL OF ENGINEERING MINISTERS PROTOCKING WINE.	No Wase Property	tines Represented by Owner XYes Troperty Surveyed TYes PIPU I	The Two
Mo City of the Mission	Status of prom	Control Control Control	ζ. Σ. Σ.
Other of the sections:	Service primer final Prints for the Service Conference of the Service		
TOPETHER TOPETHE	The same times		
Signature of Inspector:		Date of Approval:	SHEAT SHEAT
Hold For Sanitary: Hold For TBA:	Hold For Affidaytt.	Hald For Fees:	